

HEAVY-EQUIPMENT INSPECTION

FREQUENCY: Heavy equipment - inspect daily and prior to use on site.

Inspection Date: ____/____/____ Time: _____ Equipment Type: _____
 Unit# _____

Required Daily and Prior to Use on Site:

	Good	Need Repair	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires or tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil leak/lube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cab, mirrors, seat belt and glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn and gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backup lights and alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake condition (dynamic service, park, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers and fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling devices and connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blade/Boom/Ripper condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Good	Need Repair	N/A
Ground engaging attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frame, ladder(s) and walkway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand grabs and steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power cable and/or hoist cable (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering (standard and emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Inspection Required Prior to Use on Site:

- 1) Does equipment emit noise levels above 90 decibels? Yes or No
- 2) If so, has an 8-hour noise dosimetry test been performed? Yes or No

Document results of noise dosimetry: _____

Maintenance Completed (where applicable): _____

Defects and repairs needed: _____

General safety condition: _____

Operator's or mechanic's signature: _____